



## PHOSPHODIESTERASE 5 INHIBITORS PA SUMMARY

<b>PREFERRED</b>	Adcirca, Revatio (brand)
<b>NON-PREFERRED</b>	sildenafil citrate (generic)

**LENGTH OF AUTHORIZATION:** 1 Year

**NOTE:** Preferred and non-preferred products require prior authorization.

### PA CRITERIA:

- ❖ Approvable for the diagnosis of pulmonary arterial hypertension
- ❖ For members less than 18 years of age, physicians should be aware that the FDA recommends against the off-label use of Revatio (sildenafil) in children and adolescents.
- ❖ If generic sildenafil is requested, the prescriber must submit a written letter of medical necessity stating the reasons that brand-name Revatio is not appropriate for the member (in addition to meeting criteria above).

### EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Catamaran at 1-866-525-5827**.

### PA and APPEAL PROCESS:

- ❖ For online access to the PA process please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

### QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limit please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.